

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/031113

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2						
3						
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8						
9	✓					
10			✓			
11				✓		
12				✓		
13				✓		
14				✓		
15				✓		
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44				✓		
45				✓		
46				✓		
47				✓		
48				✓		
49				✓		
50				✓		
TOTAL IND.			3			
TOTAL DEP.			10			
TOTAL CLAIMS			13			

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						